

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055614

Entity Name: MIP LOUISE, LLC

Current Principal Place of Business:

2952 LOUISE STREET
MIAMI, FL 33133

Current Mailing Address:

2931 LOUISE STREET
MIAMI, FL 33133

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORRIS, AARON M
2931 LOUISE STREET
COCONUT GROVE, FL 33133 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGRM
Name MIP MANAGEMENT LLC
Address 2931 LOUISE STREET
City-State-Zip: COCONUT GROVE FL 33133-3733

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AARON M MORRIS

MANAGING PARTNER

02/11/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date